NHS
North East and
North Cumbria

SUMMARY OF MEDICINES SUBCOMMITTEE DECISIONS

Decisions made by: NTAG	**September 2023**	
Approved by: Medicines Subcommittee	**17th October 2023**	
For consideration by: NENC executive	**See highlighted items** **For all other items 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.

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DECISIONS WITH A SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT (decisions approved by NENC ICB executive committee)					
NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Recommendation**	**Commissioning & financial implications**	**Status**
TA902: Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction **Commissioning: ICS** Dapagliflozin is recommended, within its marketing authorisation, as an option for treating symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults. NB: NICE TA679 recommended dapagliflozin as an option for treating chronic heart failure with reduced ejection fraction.	21/06/23	*GREEN+ drug for treating chronic heart failure with reduced ejection fraction as per NICE TA6709.*	Add to formulary as GREEN+ with link to TA902.	NICE estimate that: • Around 326 people per 100,000 population are eligible • Around 100 people per 100,000 will receive dapagliflozin from year 3 onwards once uptake has reached 30% • The estimated cost impact is £15,000 per 100,000 population in year 1, rising to £47,000 in year 3 onwards. • This does not include costs or savings associated with clinical outcomes (e.g. hospitalisations, cardiovascular deaths) or adverse events (e.g. AKI, UTI). Depending on uptake, this TA has potential to be overall cost saving. A resource impact template is available for local completion.	Approved by NENC IXB Executive Committee 14.11.2023.

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.

TA906: Rimegepant for preventing migraine **Commissioning:** ICS, tariff-excluded Rimegepant is recommended as an option for preventing episodic migraine in adults who have at least 4 and fewer than 15 migraine attacks per month, only if at least 3 preventative treatments have not worked. Stop rimegepant after 12 weeks of treatment if the frequency of migraine attacks does not reduce by at least 50%. NB: a second TA for rimegepant, for treating acute migraine, is expected in October 2023.	05/07/23	Not on formulary.	Add to formulary as a Specialist Initiation / Recommendation drug with link to TA906. First three months' supply from secondary care followed by 12-week review which could be telephone and pass out to primary care with a further 4-week prescription to allow for handover. Agreed that Green+ was the appropriate status for Rimegepant as no special monitoring requirements or toxicity.	NICE expect the resource impact of implementing the recommendations in England will be less approximately £8,800 per 100,000 population. This is because rimegepant is a further treatment option. Uptake of rimegepant would displace other calcitonin gene-related peptide (CGRP) receptor antagonists, and the overall cost of treatment for this patient group will be similar. Rimegepant is an oral tablet which may be preferrable when compared with other CGRP receptor antagonists which are administered by subcutaneous injection. There are likely to be resource benefits for the NHS because no training is required to administer the treatment and injection site reactions would be avoided. As there are no commercial arrangements in place for rimegepant, the medicine can be procured and dispensed in primary care and reimbursed at the Drug Tariff price. Rimegepant would also be a cost pressure to primary care drug budgets as alternative CGRP receptor antagonists are tariff excluded RED drugs. If people with the condition and their clinicians consider rimegepant to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, use the least expensive. Take account of administration costs, dosage, price per dose and commercial arrangements. NuTH estimate 100 patients per annum for treatment with Rimegepant.	Approved by NENC IXB Executive Committee 14.11.2023.

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				NICE estimates 258 patients in the NENC eligible for treatment with Rimegepant or another CGRP receptor antagonists for episodic migraine.	

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 taken by medicines subcommittee**
None					

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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 taken by medicines subcommittee**
TA893: Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over **Commissioning: NHSE** Brexucabtagene autoleucel is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over. It is recommended only if the conditions in the managed access agreement for brexucabtagene autoleucel are followed.	07/06/23	*Not on formulary.*	Add to formulary as a RED drug in this indication, with link to TA893. Formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved
TA894: Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma **Commissioning: NHSE** Axicabtagene ciloleucel is not recommended, within its marketing authorisation, for treating relapsed or refractory follicular lymphoma after 3 or more systemic treatments in adults.	07/06/23	*RED drug in chapter 8.1.5 as per NICE TA872.*	For information.	None for ICB as NHSE commissioned.	Noted

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TA895: Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy **Commissioning: NHSE** Axicabtagene ciloleucel is recommended for use within the Cancer Drugs Fund as an option for treating diffuse large B-cell lymphoma in adults when an autologous stem cell transplant is suitable if it: • has relapsed within 12 months after first-line chemoimmunotherapy or • is refractory to first-line chemoimmunotherapy. It is recommended only if the conditions in the managed access agreement for axicabtagene ciloleucel are followed.	07/06/23	*RED drug in chapter 8.1.5 as per NICE TA872.*	Add to formulary as a RED drug in this indication, with link to TA895. Formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved
TA896: Bulevirtide for treating chronic hepatitis D **Commissioning: NHSE** Bulevirtide is recommended as an option for treating chronic hepatitis D in adults with compensated liver disease only if: • there is evidence of significant fibrosis (METAVIR stage F2 or above or Ishak stage 3 or above) and • their hepatitis has not responded to peginterferon alfa-2a (PEG-IFN) or they cannot have interferon-based therapy. Bulevirtide is only recommended if the company provides it according to the commercial arrangement.	07/06/23	*Not on formulary.*	Add to formulary as a RED drug in this indication, with link to TA896. Formulary position should reflect the NICE TA as well as any associated NHSE SSCs. Only from NuTH in NENC as per SSC2552 Bulevirtide for treating chronic hepatitis D [TA896]	None for ICB as NHSE commissioned.	Approved

TA897: Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma **Commissioning: NHSE** Daratumumab with bortezomib and dexamethasone is recommended as an option for treating multiple myeloma in adults, only if they have had just 1 previous line of treatment and: • it included lenalidomide or • lenalidomide is unsuitable as a second-line treatment and the company provides it according to the commercial arrangement.	06/06/23	*RED drug in chapter 8.1.5 as per other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with link to TA897. Formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved
TA898: Dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer **Commissioning: NHSE** Dabrafenib plus trametinib is recommended as an option for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer (NSCLC) in adults, only if: • it is used as first-line treatment of advanced stage cancer, and the company provides it according to the commercial arrangement.	14/06/23	*RED drug in chapter 8.1.5 as per other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with link to TA898. Formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved

TA899: Esketamine for treating major depressive disorder in adults at imminent risk of suicide (terminated appraisal) **Commissioning: ICS** NICE is unable to make a recommendation about the use in the NHS of esketamine for treating major depressive disorder in adults at imminent risk of suicide. This is because Janssen has confirmed that it does not intend to make an evidence submission for the appraisal at this time. Janssen considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.	14/06/23	*Not on formulary.*	For information.	For information.	Noted
TA900: Tixagevimab plus cilgavimab for preventing COVID-19 **Commissioning: ICS** Tixagevimab plus cilgavimab is not recommended, within its marketing authorisation, for the pre-exposure prophylaxis of COVID-19 in adults who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to someone infected with SARS-CoV-2, and: • who are unlikely to have an adequate immune response to COVID-19 vaccination, or for whom COVID-19 vaccination is not recommended.	14/06/23	*Not on formulary.*	Add to formulary as NOT APPROVED drug with link to NICE TA900.	No cost impacted as not recommended by NICE.	Approved
TA901: Cemiplimab for treating recurrent or metastatic cervical cancer (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation about the use in the NHS of cemiplimab for treating recurrent or metastatic cervical cancer in adults. This is because Sanofi has confirmed that it does not intend to make an evidence submission for the appraisal. Currently, Sanofi considers that the technology will not be launched in the UK for treating this indication.	14/06/23	*RED drug for other NICE TA approved indications*	For information.	None for ICB as NHSE commissioned.	Noted

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TA903: Darolutamide with androgen deprivation therapy and docetaxel for treating hormone-sensitive metastatic prostate cancer **Commissioning: NHSE** Darolutamide with docetaxel is recommended, within its marketing authorisation, as an option for treating hormone-sensitive metastatic prostate cancer in adults. Darolutamide is only recommended if the company provides it according to the commercial arrangement.	21/06/23	RED drug for other NICE TA approved indications.	Add to formulary as a RED drug in this indication, with link to TA903. Formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved
TA904: Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer **Commissioning: NHSE** Pembrolizumab plus lenvatinib is recommended, within its marketing authorisation, for treating advanced or recurrent endometrial cancer in adults: • whose cancer has progressed on or after platinum-based chemotherapy and • who cannot have curative surgery or radiotherapy. Pembrolizumab plus lenvatinib is recommended only if the companies provide them according to the commercial arrangements.	21/06/23	RED drug for other NICE TA approved indications.	Add to formulary as a RED drug in this indication, with link to TA904. Formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved

TA905: Upadacitinib for previously treated moderately to severely active Crohn's disease **Commissioning: ICS – 30 day NICE TA** Upadacitinib is recommended as an option for treating moderately to severely active Crohn's disease in adults, only if: • the disease has not responded well enough or lost response to a previous biological treatment or • a previous biological treatment was not tolerated or • tumour necrosis factor (TNF)-alpha inhibitors are contraindicated. Upadacitinib is only recommended if the company provides it according to the commercial arrangement. If people with the condition and their clinicians consider upadacitinib to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, use the least expensive. Take into account the administration costs, dosage, price per dose and commercial arrangements.	22/06/2023	RED drug for other NICE TA approved indications.	Add to formulary as a RED drug in this indication with a link to TA905.	Because upadacitinib has been recommended through the cost-comparison process, NHS England and integrated care boards have agreed to provide funding to implement this guidance 30 days after publication. NICE estimates that 47 people per 100,000 population with moderately to severely active Crohn's disease are eligible for treatment with upadacitinib, and that 7 of these will receive upadacitinib from year 3 onwards once uptake has reached 15%. This equates to around 1,450 eligible people in NENC, of whom around 214 will receive upadacitinib from year 3 onwards. Upadacitinib is the first oral treatment for this population and will release capacity when used instead of intravenous alternatives. NICE estimate that around 30% of patients currently choose vedolizumab IV and around 5% of these may choose upadacitinib in future. This equates to 2 people per 100,000 choosing upadacitinib instead of vedolizumab IV in year 3 onwards, or 72 people in NENC. At list price upadacitinib has a similar or lower cost than vedolizumab and ustekinumab. However, all three have discounts that are commercial in confidence. For enquiries about the patient access schemes contact the manufacturers.	Approved

TA907: Deucravacitinib for treating moderate to severe plaque psoriasis **Commissioning: ICS, tariff-excluded** Deucravacitinib is recommended as an option for treating moderate to severe plaque psoriasis in adults, only if: • the Psoriasis Area and Severity Index (PASI) score is 10 or more and the Dermatology Life Quality Index (DLQI) score is more than 10 • the condition has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated the company provides deucravacitinib according to the commercial arrangement.	21/06/23	*Not on formulary.*	Add to formulary as a RED drug in this indication, with link to TA907.	NICE expect the resource impact of implementing the recommendations in England will be less than £8,800 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. NICE estimate that 51 people per 100,000 population have plaque psoriasis and are eligible for treatment with a biologic. A resource impact template is provided for completion at a local level. This is because there are now several treatment options (biological and non-biological therapies) including deucravacitinib that are recommended by NICE for plaque psoriasis. Organisations should complete both current and future uptake based on local practice.	Approved.
TA908: Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy **Commissioning: NHSE** Olaparib is recommended as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer in adults whose cancer has responded to platinum-based chemotherapy, only if: • they have a BRCA1 or BRCA2 mutation • they have had 2 or more courses of platinum-based chemotherapy • the company provides olaparib according to the commercial arrangement. This guidance updates and replaces TA620.	05/07/2023	On formulary in chapter 8.1.5 as a RED drug, as per NICE TA620: Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer.	Add to formulary as a RED drug in this indication, with link to TA908. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved

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TA909: Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer **Commissioning: NHSE** Lorlatinib is not recommended, within its marketing authorisation, for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults who have not had an ALK inhibitor.	12/07/2023	On formulary in chapter 8.1.5 as a RED drug, as per NICE TA628: Lorlatinib for previously treated ALK-positive advanced non-small-cell lung cancer.	Add to DNP / not approved list in this indication.	None for ICB as NHSE commissioned.	Approved
TA910: Semaglutide for managing overweight and obesity in young people aged 12 to 17 years (terminated appraisal) **Commissioning: ICS** NICE is unable to make a recommendation on semaglutide (Wegovy) for managing overweight and obesity in young people aged 12 to 17. This is because Novo Nordisk has confirmed that it does not intend to make an evidence submission for the appraisal.	13/07/2023	On formulary in chapter 6 for management of type 2 diabetes.	Add to DNP / not approved list in this indication.	No cost expected as appraisal terminated. Novo Nordisk considers that, at this time, there is not enough evidence to support economic modelling for this population. In particular, there is not enough evidence for the risk equations that explore the link between weight loss and long-term outcomes in young people aged 12 to 17 years and utility estimates that adequately capture the full impact on their quality of life. Therefore, there is a high degree of uncertainty in the evidence base that would be used to support an economic model that meets the NICE reference case.	Approved
TA911: Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer **Commissioning: NHSE** Selpercatinib is recommended with managed access as an option for treating RET fusion-positive advanced non-small-cell lung cancer (NSCLC) in adults, only if: • it is untreated the conditions in the managed access agreement for selpercatinib are followed.	26/07/2023	On formulary as a RED drug in chapter 8.1.5, as per NICE TAs 742 (thyroid cancer with RET alterations) and 760 (previously-treated RET fusion-positive advanced non-small-cell lung cancer).	Add to formulary as a RED drug in this indication, with link to TA911. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	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 taken by medicines subcommittee**
Lift Glucose Shot® - extension to the treatment of mild to moderate hypoglycaemia in children and young people.	September 2023	Requested due to the current cost of living issues and given that 42% of children and families living with diabetes in Gateshead fall into the worst deprivation quintile. Recommended be approved as Green Plus, first choice ahead of Glucogel®.	£28,750 saving to £12,597 increase (compared to GlucoGel® and Lift Glucose Tablets® - Twice weekly use) based on total number of CYP with diabetes in the ICB. There are currently 1,855 CYP living with Type 1 Diabetes in the region (NPDA report 2021/22) and it is estimated that <10% will require Lift Glucose shots at 1-2 per week. The increased use of technology in diabetes care inevitably increases the risk of hypoglycaemia. Lift Glucose Shot® is significantly cheaper than Glucogel®. Better for dental health in younger children if drank through a straw (although it was noted that straws aren't very sustainable).	Approved.
Metformin for Polycystic Ovarian Syndrome (PCOS)	September 2023	Requested to change RAG status to Green plus in line with BNF	Nil expected.	Approved
NTAG recommendation update - vaginal devices for female urinary stress incontinence	September 2023	Recommended approval of minor update to current NTAG on Vaginal devices for female urinary stress incontinence to change this sentence: The product should only be initiated by a specialist pelvic health physiotherapist and only continue if evidence of continued benefit." To include initiation by specialist pelvic health physiotherapist and specialist nurses. Feedback from CDDFT is that specialist nurses also prescribe these products. Have been using them in clinical practice with effect but have had one surgery who are refusing to prescribe for a patient even though it is working well, she is dry and she has had unsuccessful surgery in the past because of current NTAG recommendation.	No significant increase in patient numbers expected as update reflects current prescribing practices. CDDFT estimate nurses prescribe for approx. 5 patients under their service per year. To date no significant change in levels of prescribing has yet been seen in prescribing data since updated NTAG recommendation published in January 2023. There have been small increases in prescribing in some areas e.g. Sunderland. Financial YTD (Apr—Jun '23) Cost = £3408, Item = 72 Last 12months (Jul '22—Jun '23) Cost = £9722, Items = 217	Approved

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		NICE does not specify who should prescribe.  NTAG Decision Summary - Vaginal c		
Northern England Evaluation and Lipid Intensification guideline – updated	September 2023	Recommend approval of updated version of this guideline previously approved by NTAG in September 2022.  NEELI v2023.1.1 final.pdf	No significant changes made to current approved version of guideline which will have a financial impact.	Approved
NENC Menopause Guideline	September 2023	Recommended approval of this guideline across the NENC. Previous versions of guideline already approved in North of Tyne, Gateshead & North Cumbria plus Sunderland & South Tyneside. Updated following NENC wide consultation on adoption across the NENC.  NENC-Menopause-guidance-Septembe	No significant cost impact expected as an earlier version of this guideline is already approved in North of Tyne, Gateshead & North Cumbria plus Sunderland & South Tyneside. Guideline reflects current prescribing practice in this therapeutic area.	Approved
NENC Mucolytics At a Glance Clinical Consensus Guide	September 2023	Recommend approval of hosting this consensus statement on the NTAG website not as a guideline but as a framework to support appropriate prescribing of mucolytics with a two year review date.  NENC Mucolytics in Adults Consensus G	Potential cost saving. North Cumbria and North East Integrated Care Board prescribed the most mucolytic items (9.65 per 100,00), compared to the lowest prescribing ICB (2 per 100,00) From April '22 to Mar '23, the mucolytic spend totalled £2.389 million with April-December 2022 data, showing both an item (7.8%) and cost (74%) increase with actual prescribing level growth of 235% between 19/20 Q4 and 22/23 Q3 in NENC ICB. This needs to be taken in context that North Cumbria and the North East region has higher COPD prevalence and that carbocystiene has shown significant price increases. Most spend is on	Approved for hosting on NTAG website

			carbocisteine (£1.54m) compared to acetylcysteine (£19,561). Use of other treatments before considering mucolytics, along with appropriate clinical review and stopping after a trial will improve patient care. As will ongoing review. Rationalisation of medication regimens in line with appropriate dose and product will support reduction in polypharmacy and support sutainability as well as optimising care. Appropriate prescribing of mucolytics will also support QIPP.	
NENC Regional 'At A Glance: Supporting Greener Respiratory Care Guide' - updated	September 2023	Recommend approval of hosting this consensus statement on the NTAG website not as a guideline but as a framework to support 'greener ' respiratory care with a one year review date. The revised consensus guide continues to support improving patient outcomes through better disease control by prescribing the most appropriate inhaler for each individual patient with consideration for lower carbon options where appropriate. It does not support blanket switching of inhalers and supports individual face to face discussions and shared decision making with the individual patients. It highlights that carbon footprint of devices is only one aspect of patient care, and promotes returning of inhalers to the community pharmacy for safe disposal.  NENC At A Glance Supporting Greener	Nil expected.	Approved for hosting on NTAG website
General Guidelines For The Use Of Hormone Treatment In Gender Dysphoria- Northern Region Gender Dysphoria Service – request to host on NTAG website	September 2023	NTAG agreed not to recommend to the NENC Medicines Subcommittee approval of hosting this guideline on the NTAG website but to link to the guideline on the CNTW website instead making it clear that this guideline is not endorsed by NTAG, and that simply hosting for ease of access for those who wish		Approved recommendation to add link to guidance from NTAG website

		to refer to it. This is because of the reasons stated above. Discussion took place on the complexity of the document, issues around the commissioning of the service including ability to prescribe, and assumption that existence of this guidance means GPs will prescribe. Strong feeling from NTAG members that these should be shared care drugs and prescribing/monitoring properly resources. Concerns that hosting on NTAG website will give it NTAG badge of approval and standing. Discussed need for mechanism for those who wish to use/refer to this guidance to be able to access it.		
NENC Liver Network Guidelines for the Management of Adults with Asymptomatic Liver Blood Test Abnormalities – request to host on NTAG website	September 2023	Recommend approval of request to host on NTAG website so that is available in one central place alongside other guidelines. These guidelines were developed by the North East and Cumbria Hepatology network and have been used across the region of many years. There have been minor updates to the guidance every 2-3 years. There has been agreement that these should be used across the whole of NENC and in most areas they are used. GP are regularly updated about these guidelines across the region.	No cost impact expected as guideline already use across the NENC. Likely to be cost saving by providing guidance to GPs for the management of patients with abnormal liver blood tests. They have a risk stratification tool (FIB-4) which can accurately exclude advanced liver fibrosis and thus avoid referral of patients to secondary care for many patients with steatotic liver disease. FIB-4 is extremely cheap as it uses age, AST, ALT and platelets, which can be performed everywhere. Currently AST is not routinely analysed on all liver blood test requests, but the GPs can request this on ICE and the test costs only a few extra pence to analyse.	Approved for hosting on NTAG website
NENC Amiodarone shared care guideline	September 2023	Recommend approval of this SCG which is in line with the national SCG for amiodarone. This has the support of the NENC Cardiac Network. NTAG agreed to recommend to the NENC Medicines Subcommittee approval of the NENC amiodarone shared care guideline subject to implementation/risk	No cost impact on drug budget as levels of prescribing not expected to change. Will have an impact on referrals to cardiology in secondary care. Feedback from Cardiac Network: • Most of the region in fact has already been	Approved

		stratification plan from cardiac network for historical patients.  NENC Shared Care - Amiodarone - final.c	following this guidance. It seems areas of Teesside and Durham have not yet adopted the agreement. It has been flagged that adopting this approach in these areas will lead to an increase of referrals back into cardiology secondary care. This has already happened in other parts of the region. T • The number of patients this will apply to is unclear as we don't know what proportion are already under secondary care follow up. • Support primary care identifying patients who take amiodarone as they present for regular review and referring them back to secondary care if they are lost to follow up (rather than a bulk referral) • Agree that follow up in a devices clinic or specialist nurse clinic is an acceptable form of secondary care cardiology follow up. • There are no clinical groups who should be prioritised here. The clinical data does not support any clinical risk stratification. Therefore all patients will need to be referred and seen in order of referral unless specific concerns exist. • Individual trusts will need to identify how to direct referrals which they receive into secondary care. Suggest primary care use existing referral infrastructure to flag the patients to primary care. Number of patients on amiodarone in 2022/23 from ePACT primary care data: County Durham 277 Newcastle Gateshead 211 North Cumbria 341 North Tyneside 128 Northumberland 168 South Tyneside 54	

			Sunderland 84 Tees Valley 283 **Grand Total 1546**	
NENC regional guidance on type 2 diabetes	July 2023	Recommend approve use of this updated guideline to include NICE TA902: Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction, published: 21 June 2023. This has resulted in some slight changes to the tables. NENC Regional T2DM Guidelines FII	Financial implications above as per TA902: Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction	Approved
NENC regional guidance On SGLT2 inhibitors	July 2023	Recommend approve use of this updated guideline to include NICE TA902: Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction, published: 21 June 2023. This has resulted in some slight changes to the tables. NENC regional SGLT2 top tips v1.2	Financial implications above as per TA902: Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction	Approved

APPLICATIONS SUBMITTED DIRECTLY TO MEDICINES SUBCOMMITTEE FOR CONSIDERATION			
Title	**Summary of request**	**Commissioning or financial implications**	**Decision from medicines subcommittee**
None			

MEDICINES SUBCOMMITTEE MINUTES (for publication to the NTAG website)	
Medicines Subcommittee minutes September 2023	NENC Meds Committee mins Sep

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