NHS
North East and North Cumbria

SUMMARY OF MEDICINES SUBCOMMITTEE DECISIONS

Decisions made by: NTAG	**January 2024**	
Approved by: Medicines Subcommittee	**12th February 2024**	
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 pending executive committee approval)					
NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Recommendation**	**Commissioning & financial implications**	**Status**
TA922: Daridorexant for treating long-term insomnia **Commissioning: ICS** Daridorexant is recommended for treating insomnia in adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, only if: • cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked, or • CBTi is not available or is unsuitable. The length of treatment should be as short as possible. Treatment with daridorexant should be assessed within 3 months of starting and should be stopped in people whose long-term insomnia has not responded adequately. If treatment is continued, assess whether it is still working at regular intervals. The license is for treatment of long-term insomnia and allows for up to 12 months treatment but does not provide guidance on deprescribing, training is recommended prior to prescribing and the studies excluded patients with mental health conditions.	18/10/2023	Not on formulary.	Add to formulary as a GREEN+ drug via NHS sleep clinics in the NENC at NuTH and STHFT for this indication, with links to TA922. 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. This decision allows specialists to gain experience with use of the drug and audit use to inform development of pathway. Plus to ensure patients are reviewed be specialist within 3 months of starting and stopped in people whose long-term insomnia has not responded adequately. This decision will be reviewed in 12 months time based on the results of the audit.	NICE estimate that around 1,760 adults with insomnia per 100,000 population are expected to be eligible for treatment each year. NICE expect providers to mainly be GPs. NICE estimate that 35 patients per 100,000 will start treatment in Year 1 increasing to 206 patients per 100,000 by year 5 costing £10,000 per 100,000 population in year 1 to £56,000 per 100,000 population in year 5. For the NENC this equates to £320K in year 1 to £1.8 million in year 5 but this assumes CBTi is available. Costs are expected to be higher if CBTi not available. NICE guidance recommends training for primary care prescribers before prescribing this medicine. NICE estimate that 2 hours of training time will be required for each GP prior to prescribing daridorexant. The manufacturer has developed an online CPD accredited e-CME programme made up of 6x20 minute modules and will be available by the end of January 2024. The list price for the 50-mg or the 25-mg dose is £1.40 per day. 3 month treatment course = £126 per patient. Work is underway to commission digital CBTi nationally. It is expected that this will be available in the next couple of months.	Approved by NENC ICB Executive Committee March 2024.

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TA924: Tirzepatide for treating type 2 diabetes
Commissioning: ICS
Tirzepatide is recommended for treating type 2 diabetes alongside diet and exercise in adults when it is insufficiently controlled only if:
• triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, and
• they have a body mass index (BMI) of 35 kg/m^2 or more, and specific psychological or other medical problems associated with obesity, or
• they have a BMI of less than 35 kg/m^2, and:
  ○ insulin therapy would have significant occupational implications, or
  ○ weight loss would benefit other significant obesity-related complications.
	25/10/2023	Not on formulary.
		
		Other GLP-1s for diabetes classed as GREEN drugs.
			Add to formulary as a GREEN drug in this indication, with links to TA924.
			
			A position and place in therapy and updated NENC Type 2 diabetes guidelines are being sought from the NENC Diabetes Network.
				NICE estimate that around 320 people per 100,000 population are eligible for treatment with tirzepatide. However, depending on the local prevalence of type 2 diabetes and current prescribing patterns for GLP-1 RAs, this could be an underestimate. Adjusting for the known prevalence of T2DM and current GLP-1 prescribing patterns suggests that this could be closer to 460 people per 100,000 population in the North of England.
				
				Depending on market share, the cost impact of tirzepatide may be around £4,000 per 100,000 population in year 1, rising to £46,000 per 100,000 population in year 3 onwards. In the NENC this equates to £128K in year 1 to £1.5 million in year 3. This includes anticipated reductions in use of GLP-1 RAs, but not any reduction in adverse outcomes associated with use of tirzepatide to treat T2DM. These figures are highly dependent on future prescribing patterns of tirzepatide and the GLP-1 RAs, and should be interpreted cautiously. The ongoing GLP-1 RA shortages will have an impact.
				
				It is positioned in the same place as GLP-1 inhibitors within the T2DM treatment pathway but has yet to gain any evidence for CVD benefits unlike the majority of GLP-1s. Historically choice of GLP-1 has been based on the availability and quality of CVD outcome data, but with the stock issues affecting GLP-1 products likely to continue into mid 2024, tirzepatide is likely to be selected because of its availability rather than proven CVD benefits.
					Approved by NENC ICB Executive Committee March 2024.

Denosumab - osteoporosis	16/01/2024	To change to AMBER SHARED CARE from GREEN+ due concerns around monitoring requirements, and safety including after discontinuation therefore more suited to shared care. Historically Green+ across NENC except South Tyneside & Sunderland where it was AMBER SC. Within previous STS APC was Green+ in South Tyneside and Amber SC in Sunderland. Denosumab will remain as GREEN PLUS in most localities until a shared care guideline has been produced. Noted that North Cumbria have a comprehensive GREEN+ drug information leaflet/pathway which covers many of aspects of shared care guideline. Recommend to use the North Cumbria information leaflet/pathway as the basis for producing a NENC shared care guideline for denosumab. This will allow for flexibility around who gives the first dose and no need to mandate that first dose in given secondary care. Shared care guideline to be worded to allow North Cumbria model of initiation and review to continue.	Cost neutral in terms of drug costs. Any change to AMBER SC would also require change to local funding arrangements for shared care across the NENC to ensure denosumab was included in the list of funded shared care drugs. This will be picked up as part of ongoing in the NENC to review current LES around shared care drugs. Not all Trusts in position to give 1st dose which creates a barrier to share care. Nothing in SPC or NICE TA204 around who should prescribe/administer the first dose.	No action for ICB executive committee at present Work is ongoing to review the commissioning arrangements for shared care of medicines which will be submitted in due course and will include denosumab.

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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**	**Decision**	**Commissioning & financial implications**	**Decision taken by medicines subcommittee**
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 body mass index (BMI) of at least 35.0 kg/m2, or ○ a BMI of 30.0 kg/m2 to 34.9 kg/m2 and meet the criteria for referral to specialist weight management services in NICE's guideline on obesity: identification, assessment and management. • the company provides semaglutide according to the commercial arrangement. Use lower BMI thresholds (usually reduced by 2.5 kg/m2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds. Consider stopping semaglutide if less than 5% of the initial weight has been lost after 6 months of treatment.	08/03/2023	Not on formulary.	Add to formulary as a RED drug in this indication, with link to TA875. Add a note to formulary that also available in separate NHSE pilot sites involving primary care.	• As of January 2024 it is understood that there is sufficient Wegovy® available for double the current capacity of specialist weight management services in the UK. This is provided that it is prescribed by a specialist weight management service, and dispensed through a hospital pharmacy so that the discounted price can be applied. Other supply routes would not work as supply via community pharmacy would appear as a private supply which isn't currently permitted. • Semaglutide (Wegovy®) is not included in the tariff excluded drug list and because supply is through specialist WMS only, this addition to formulary is expected to be cost-neutral to the ICB • Provider trusts should confirm funding arrangements with their contracting leads. • There is an ICB weight management strategy in development which is seeking to review the arrangements and capacity of current service provision across the ICS.	Approved

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TA915: Pegunigalsidase alfa for treating Fabry disease **Commissioning: NHSE** Pegunigalsidase alfa is recommended, within its marketing authorisation, as an option for treating Fabry disease (also known as alpha-galactosidase deficiency) in adults. It is recommended only if the company provides it according to the commercial arrangement.	04/10/2023	Not on formulary.	Add to formulary as a RED drug in this indication, with link to TA915. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved
TA917: Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable **Commissioning: NHSE** Daratumumab with lenalidomide and dexamethasone is recommended, within its marketing authorisation, as an option for untreated multiple myeloma in adults, when an autologous stem cell transplant is unsuitable. It is only recommended if the company provides it according to the commercial arrangement.	25/10/2023	On formulary as a RED drug in chapter 8.1.5, as per TA763, TA789, TA897.	Add to formulary as a RED drug in this indication, with links to TA917. 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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TA919: Rimegepant for treating migraine **Commissioning: ICS, tariff-excluded** Rimegepant is recommended as an option for the acute treatment of migraine with or without aura in adults, only if for previous migraines: • at least 2 triptans were tried and they did not work well enough or • triptans were contraindicated or not tolerated, and nonsteroidal anti-inflammatory drugs (NSAIDs) and paracetamol were tried but did not work well enough.	18/10/2023	On formulary as GREEN+ as per NICE TA906 for preventing migraine. 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.	Add to formulary as GREEN drug in this indication, with link to TA919 and updated NENC Regional Adult Headache guideline.	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 rimegepant is a further treatment option and is for use after other options have been tried or are contraindicated or not tolerated. This is a condition principally managed in primary care and as such patients would not routinely be referred to a specialist at the point in the pathway that NICE have placed this agent. Specialist services do not have capacity to take on prescribing of this agent. To be added to formulary once the NENC the headache pathway is updated to incorporate this agent to provide guidance to primary care prescribers looking to initiate	Approved
TA921: Ruxolitinib for treating polycythaemia vera **Commissioning: NHSE** Ruxolitinib is recommended, within its marketing authorisation, for treating polycythaemia vera in adults who cannot tolerate hydroxycarbamide (also called hydroxyurea) or when the condition is resistant to it. It is only recommended if the company provides it according to the commercial arrangement.	18/10/2023	On formulary as a RED drug in chapter 8.1.5, as per TA386.	Add to formulary as a RED drug in this indication, with links to TA921. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved

TA923: Tabelecleucel for treating post-transplant lymphoproliferative disorder caused by the Epstein-Barr virus (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation about the use in the NHS of tabelecleucel for treating post-transplant lymphoproliferative disorder caused by the Epstein-Barr virus. This is because Pierre Fabre Ltd has confirmed that it does not intend to make an evidence submission for the appraisal at this time and will review this at a later date.	19/10/2023	Not on formulary.	For information.	None for ICB as NHSE commissioned.	Approved
TA926: Baricitinib for treating severe alopecia areata **Commissioning: ICS, tariff-excluded** Baricitinib is not recommended, within its marketing authorisation, for treating severe alopecia areata in adults.	25/10/2023	On formulary as a RED drug in chapters 10 and 13.	Add to Do Not Prescribe / Not Recommended list in this indication.	None expected as not recommended by NICE. Hair loss can cause severe psychological distress, but baricitinib did not show a meaningful improvement in most of the health-related quality-of-life assessments done in the trials compared with placebo. The cost-effectiveness estimates for baricitinib are uncertain and are higher than what NICE normally considers an acceptable use of NHS resources. So, baricitinib is not recommended.	Approved
TA928: Cabozantinib for previously treated advanced differentiated thyroid cancer unsuitable for or refractory to radioactive iodine **Commissioning: NHSE** Cabozantinib is not recommended, within its marketing authorisation, for treating locally advanced or metastatic differentiated thyroid cancer (DTC) that is unsuitable for or refractory to radioactive iodine, and that has progressed after systemic treatment, in adults.	01/11/2023	RED drug for other NICE TA approved indications.	For information.	None for ICB as NHSE commissioned.	Approved

TA929: Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction **Commissioning: ICS** Empagliflozin is recommended, within its marketing authorisation, as an option for treating symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults.	01/11/2023	GREEN+ drug as per NICE TA773: Empagliflozin for treating chronic heart failure with reduced ejection fraction	Add to formulary as a GREEN+ drug in this indication, with link to TA929. (Same status as dapagliflozin for the same indication).	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, is available at the same price as dapagliflozin and clinical outcomes are expected to be similar. The list price of 10 mg empagliflozin is £36.59 per 28-tablet pack. The annual cost for either empagliflozin or dapagliflozin plus standard care is around £495, compared to £11 for standard care alone.	Approved
TA930: Lutetium-177 vipivotide tetraxetan for treating PSMA-positive hormone-relapsed metastatic prostate cancer after 2 or more treatments **Commissioning: NHSE** Lutetium-177 vipivotide tetraxetan is not recommended, within its marketing authorisation, for treating prostate-specific membrane antigen (PSMA)-positive hormone-relapsed metastatic prostate cancer in adults: • after taxane-based chemotherapy and an anti-androgen or when taxanes are 'medically unsuitable'.	15/11/2023	RED drug for other indications	For information. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved

TA931: Zanubrutinib for treating chronic lymphocytic leukaemia
Commissioning: NHSE
Zanubrutinib is recommended as an option for treating chronic lymphocytic leukaemia (CLL) in adults. It is only recommended if the CLL is:
• untreated and
  ○ there is a 17p deletion or tumour protein 53 (TP53) mutation or
  ○ there is no 17p deletion or TP53 mutation, and fludarabine plus cyclophosphamide and rituximab (FCR), or bendamustine plus rituximab (BR) is unsuitable, or
• relapsed or refractory.
Zanubrutinib is recommended only if the company provides it according to the commercial arrangement.
	22/11/2023	RED drug for other NICE TA approved indications.	Add to formulary as a RED drug in this indication, with links to TA931.
			The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.
				None for ICB as NHSE commissioned.	Approved

TA932: Decitabine–cedazuridine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation on decitabine–cedazuridine (Inaqovi) for untreated acute myeloid leukaemia in adults when intensive chemotherapy is unsuitable. This is because Otsuka Pharmaceuticals (UK) has confirmed that it does not intend to make an evidence submission for the appraisal. Otsuka Pharmaceuticals (UK) considers that there is not enough evidence to provide an evidence submission for this appraisal.	23/11/2023	Not listed.	For information.	None for ICB as NHSE commissioned.	Approved

TA933: Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation on tisagenlecleucel (Kymriah) for treating relapsed or refractory diffuse large B-cell lymphoma in adults after 2 or more systemic therapies. This is because Novartis has confirmed that it does not intend to make an evidence submission for the appraisal. Novartis has agreed with NICE and NHS England that a guidance update would not be a productive use of resources. Novartis considers that changes to treatment and reimbursement mean that the submission would not be viable within what NICE considers a cost-effective use of NHS resources.	29/11/2023	RED drug for other NICE TA approved indications.	For information.	None for ICB as NHSE commissioned.	Approved
TA934: Foslevodopa–foscarbidopa for treating advanced Parkinson's with motor symptoms **Commissioning: NHSE** Foslevodopa–foscarbidopa is recommended as an option for treating advanced levodopa-responsive Parkinson's in adults whose symptoms include severe motor fluctuations and hyperkinesia or dyskinesia, when available medicines are not working well enough, only if: • they cannot have apomorphine or deep brain stimulation, or these treatments no longer control symptoms, and the company provides foslevodopa–foscarbidopa according to the commercial arrangement.	29/11/2023	Not listed.	Add to formulary as a RED drug in this indication, with link to TA934. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned. There is a simple discount patient access scheme for foslevodopa–foscarbidopa. The list price is not yet published. Foslevodopa-foscarbidopa is administered as a subcutaneous infusion. At the request of the company, foslevodopa–foscarbidopa was only considered by NICE as an alternative to standard care and levodopa–carbidopa intestinal gel. This does not include everyone who foslevodopa–foscarbidopa is licensed for.	Approved
TA935 was not published in November 2023	For information.				

TA936: Idecabtagene vicleucel for treating relapsed and refractory multiple myeloma after 3 or more treatments (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation on idecabtagene vicleucel (Abecma) for treating relapsed and refractory multiple myeloma after 3 or more treatments in adults. This is because BMS has confirmed that it does not intend to make an evidence submission for the appraisal.	30/11/2023	For information.	For information. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved
CG164: Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer (updated) **Commissioning: ICS** In November 2023, NICE removed the off-label warning for anastrozole in their recommendations on chemoprevention for women at moderate or high risk of breast cancer, in line with the MHRA licence variation.	14/11/23	GREEN+ on formulary.	Note on formulary that GREEN+ for this indication.	Anastrozole's marketing authorisation now includes a new indication of primary prevention of breast cancer in postmenopausal women at moderate or high risk. The new indication mirrors the pre-existing NICE guideline recommendation. The licence variation has been secured to provide more confidence in the use of the medicine in this preventative indication and support more equitable uptake. Anastrozole was previously recommended by NICE in this indication, but was unlicensed. Minimal impact expected. Anastrozole was already frequently used in this indication and in the NENC is initiated by the Centre of Life for this indication.	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**
Promethazine	16/01/2024	To remain GREEN but second choice following review of RDTC Medicines Value Bulletin on promethazine. Despite relative high cost still there some patients who will benefit. Hydroxyzine is an alternative but not always suitable due to risk of QT prolongation.	Unknown - likely to be minimal.	Approved
Opicapone 50mg capsules – motor complications in Parkinson's Disease (PD)	16/01/2024	Formulary to be changed to joint first place with entacapone. Phase III study demonstrates opicapone is non-inferior to entacapone in terms of reducing OFF time. Weak evidence of additional benefit compared to entacapone from small retrospective studies. FWG made aware of a forthcoming price reduction giving opicapone parity with entacapone.	Between a £34,225.40 saving to a £24,549.80 increase	Approved
Benilexa® (Levonorgestrel 20 micrograms/24 hours Intrauterine Delivery System	16/01/2024	Not to be added to formulary. Requested on basis single-handed insertion may be easier and cheaper than Mirena®. But evaluated by CDDFT who found the device is quite large and insertion is more difficult than anticipated.	None	Approved
Sertraline 100mg/5ml Concentrate for Oral Solution (Thame)	16/01/2024	Add to formulary as a GREEN drug - Prescriptions should clearly state that this is a concentrate and specify the manufacturers name (Thame). Only available licensed sertraline liquid formulation. It must be diluted prior to use and must only be diluted from a specified list of drinks. To be used for a small cohort of patients who are unable to take a solid dose form or who require small doses.	£5000	Approved

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Produced by RDTC.

Aciclovir 3% Eye Ointment and Ganciclovir 0.15% Eye Gel	16/01/2024	Change ganciclovir 0.15% eye gel to first choice on grounds of cost (aciclovir 3% eye ointment currently first choice). Both products to be given equal weighting on the formulary. Specific advice relating to the teratogenicity and adverse effects on fertility of ganciclovir to be added. Moorfields formulary has ganciclovir 0.15% eye gel as first line A corneal expert based in NUTH believes that aciclovir is more effective and that longer courses are required with ganciclovir 0.15% eye gel.	Likely to be minimal. Further review in conjunction with the ophthalmologists to be undertaken.	Approved
Caphosol / Gelclair for oral mucositis in patients receiving chemotherapy and radiotherapy.	16/01/2024.	To change from RED to a GREEN+ drug following a request from South Tyneside & Sunderland Hospitals Trust. This allows for GPs to prescribe for mucositis that may occur/persist post-radiotherapy course being completed. Trusts could then still retain supply/prescribing in-house then if they wished. Not to be added to long-term repeat prescription. Were RED drugs on the Durham and Tees Valley and North of Tyne, Gateshead and North Cumbria formularies whereas were Green on the Sunderland and South Tyneside Formulary. Most of these patients will be having regular contact with the specialist services. The challenges for remote patients who require supplies outside of scheduled appointments were recognized. Some hospitals have mechanisms for supplying RED drugs to patients without them having to attend hospital whereas others do not currently until EPS for secondary care is in place. No clinical reason for them to be classed as RED drugs.	Gelclair 21 x 15ml Sachets = £35.62 - Dose = 1 sachet TDS so 1 pack lasts 7 days Caphosol (1 dose = 1 x Caphosol A (15ml) + 1 x Caphosol B (15ml)) 32 doses = £34.28 and 128 doses = £130.70 Treatment usually continues up to 2-3 weeks post radiotherapy or chemotherapy (or combined therapy) or until mucositis has healed. Dose frequency usually 4 times daily but may be escalated to up to 10 times daily if required. Trusts encouraged to prescribe enough between chemotherapy and radiotherapy appointments in secondary care in anticipation of mucositis developing. Estimated NENC secondary spend in last 12 months that went via pharmacy: Gelclair = £42,978 (23,729 sachets) (72% supplied via NuTH) Caphosol = £32,523 (98% supplied via NuTH)	Approved
Celecoxib	16/01/2024	To change to GREEN drug on the formulary from GREEN+. Given GREEN PLUS status during formulary merge. Previously non-formulary on Durham and Tees Valley Formulary, GREEN on Sunderland and South Tyneside, and North of Tyne, Gateshead North Cumbria formularies.	Likely to be minimal.	Approved

Combined Hormonal Contraceptives (CHCs)	16/01/2024	The CHC section of the formulary should be checked for consistency and should include the branded options and be worded as not to exclude new branded generics. It was noted that prescribers should be familiar with respective VTE risk of the different CHCs. It was recognised that brand prescribing is important with CHCs to avoid patient confusion.	None expected.	Approved
Diclofenac suppositories - renal colic RAG	16/01/2024	To remain RED following a request to change the status of diclofenac suppositories to GREEN PLUS for renal colic as there had been some requests to continue this in primary care from urology. The group felt that overall a change on RAG status was not required.	None expected.	Approved
Housekeeping - misc primary and secondary care	16/01/2024	• MST® 5mg MR tablets should be added to formulary as there is not a 5mg Zomorph® preparation. This is to facilitate de-prescribing and use in other patients who require small doses. • Gliclazide MR should be removed from formulary as included in previous CD&T do not prescribe list as basis of cost. Note this applies to new patients only. Existing patients on it can continue on it and active switch policy planned. • Betnesol N cream should be removed as expensive and is considered less suitable for prescribing in the BNF.	None expected.	Approved
Housekeeping - misc secondary care drugs	16/01/2024	• Low Molecular Weight Heparins – to remove statements relating to specific Trusts. RAG status to remain as GREEN PLUS (RED for maternity and pre-operative bridging therapy). • Intranasal Fentanyl to be added as RED drug. Used for children during the diamorphine shortage and now preferred. Ensure appropriate protocol is in place if used within each Trust. • Desflurane to be removed from formulary on environmental grounds. Usage has decreased significantly.	None expected.	Approved

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Lanthanum and Sevelamer	16/01/2024	Change to GREEN PLUS from RED for dialysis patients. The phosphate binders, lanthanum and sevelamer were funded by NHSE specialised commissioning (with a caveat that they were suitable for shared prescribing with primary care) and, therefore were RED drugs. Both are now generic and no longer classed as a high-cost drugs funded by NHSE. Where GREEN+ prior to be NHSE funded and only changed to RED in Tees because of this and because monitoring/dose changes generally done by secondary care.	Likely to be minimal as reflects current prescribing practice in most renal centres in the NENC.	Approved
Loperamide oral dispersible	16/01/2024	To remove liquid preparation from formulary as no longer available. To add note to formulary that due to high cost loperamide oral dispersible should only be used in patients with high output stoma when crushing tablets / opening capsules has failed. Has also been requested for a small cohort of oral cancer patients struggling to use the capsules. Currently on formulary following specialist initiation in secondary care for patients with high output stoma only.	Some cost savings.	Approved
Metolazone (Xaqua®)	16/01/2024	Currently on the as GREEN PLUS for use on the advice of cardiology. To change to GREEN+ to allow other specialities to prescribe.	Likely to be minimal.	Approved
Nefopam	16/01/2024	To remove the link to the CDDFT position statement from the formulary Removed from the North of Tyne formulary a few years ago following concerns around high usage, a significant rise in cost, weak evidence of benefit and issues around toxicity. Some use allowed in CDDFT for acute pain only.	None	Approved
Prucalopride	16/01/2024	To add to formulary for chronic constipation in men according to NICE criteria in addition to NICE approved use for chronic constipation in women.	Likely to be minimal as reflects current prescribing practice across the NENC.	Approved
Sulfasalazine	16/01/2024	Confirmed AMBER SHARED CARE on the formulary, and point to existing shared care guidelines or IMD monitoring	No cost impact expected.	Approved

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		guideline (for NoT, Gateshead and North Cumbria) document as an interim measure. Prior to the merger there were different RAG statuses for gastroenterology and rheumatology. Now AMBER for all indications. National shared care guideline is in the process of being implemented in the NENC.	In circumstances where a specific locality guideline isn't available another locality shared care guideline can be used until one NENC shared care guideline is available.	
NENC Riluzole Shared Care Guideline	16/01/2024	Recommend approval of this guideline across the NENC which is in line with the recently reviewed/updated RDTC SCG template for riluzole. NTAG recommend to the NENC Medicines Subcommittee that primary care request completion of shared care documentation for riluzole existing patients under care of Middlesborough MND centre when patient next comes for annual review at GP practice so that there is phased approach.	No significant cost impact expected relating to this shared care guideline as shared care already in place in County Durham and Tees Valley. But note price increase for riluzole 50mg tablets in Drug Tariff from £8.69 in October 2023 to £300.23 per patient per month in January 2024. In last 12 months (Nov '22—Oct '23) spend = £17,075 in primary care in NENC and 293 items. Majority of spend in Tees Valley followed by County Durham. No spend in Northumberland, South Tyneside, Sunderland or North Tyneside. There are two centres treating these patients in the NENC: o NuTH – supplied via homecare and no wish to change to supply via shared care at this stage. o STHFT – treated as AMBER SC drug under an existing share care guideline. Note work ongoing in the NENC to review current LES around shared care drugs.	Approved
NENC Amiodarone Shared Care Guideline - updated	16/01/2024	Recommend approve use of these updated shared care guidelines.	No significant cost impact expected due to updates to these guidelines.	Approved

NENC Dronedarone Shared Care Guideline - updated	16/01/2024	National shared care guideline for amiodarone and dronedarone were published by RMOC/NHS England in July 2022. NENC dronedarone SCG based on national SCG approved via NTAG in June 2023 and NENC amiodarone SCG based on national SCG approved via NTAG in October 2023. In October/November 2023RDTC was asked to undertake a piece work on behalf of the north of England to review and maintain the previously published NHS England shared care guidelines which included amiodarone and dronedarone. After continuing to seek answers it became clear that there was no plan to maintain and update these at a national level. The RDTC has just completed a review/update of the dronedarone and amiodarone shared care guidelines to update them with the latest content from SPCs, MHRA Drug Safety Updates and the national drug monitoring tool. Updates have the support of the NENC Cardiac Network.		Approved
NENC Shared Care Templates - updated	16/01/2024	Recommend approve use of these updated templates for shared care guideline across the NENC which mirror the new template being used by the RDTC to maintain the previous nationally published shared care guidelines.	n/a	Approved
NENC Position Statement on Branded Generics	16/01/2024	Recommend approval of this guideline across the NENC to replace Previous versions of similar guideline that existed in North of Tyne, Gateshead & North Cumbria plus Sunderland & South Tyneside.	No cost impact expected as guideline already use across the NENC.	Approved
NENC Finerenone Prescribing Guideline	16/01/2024	Recommend approval of this guideline across the NENC. This guideline has been developed across NENC to support the prescribing of finerenone in line with its NICE approved use as it is a relatively new drug and GPs may be unfamiliar with its use.	Cost impact of NICE TA and addition to formulary approved by NENC Medicines Guidelines Group in November 2023. The guideline scopes less patients than NICE deem eligible i.e. no CKD 4 patients (GFR <30) as we wanted to be as straightforward as possible i.e.	Approved

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			these patients at 25-30 are likely to be under Nephrology and represent a small number.	
NENC Penicillin Allergy Assessment in Primary Care Guidance	16/01/2024	Recommend approval of this new guideline across the NENC to provide a framework for those GP practices who may wish to undertake de-labelling in partnership with their local hospital Trust. Produced by the NENC Antimicrobial group based on national BSACI guideline. Purpose is to raising awareness of unintended consequences of inaccurate penicillin allergy label in patients, and to provide a framework for prescribers in order to consider potentially de-labelling appropriate patients if safe to do so. This a guideline covering adults with a penicillin allergy label. Raising awareness will hopefully lead to much better adverse event recording in both adults and children; and not prompting a primary care clinician to label a patient (adult and child) as allergic to penicillin if there is no true allergy.	This is an opportunistic piece of work, and this guideline provides a framework those primary clinicians interested in progressing this work. Not intended for all GP practices to be asked to adopt at this stage. Local pathways would need to be determined by local partnership working, if the local hospital Trust were to carry out pen allergy de-labelling clinics.	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 December 2023  NENC Meds Subcommittee mins	

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