NHS
North East and
North Cumbria

SUMMARY OF MEDICINES SUBCOMMITTEE DECISIONS

Decisions made by: NTAG	**March 2024**	
Approved by: Medicines Subcommittee	**8th April 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**

TA942: Empagliflozin for treating chronic kidney disease
Commissioning: ICS
Empagliflozin is recommended as an option for treating chronic kidney disease (CKD) in adults, only if:
• it is an add-on to optimised standard care including the highest tolerated licensed dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs), unless these are contraindicated, and
• people have an estimated glomerular filtration rate (eGFR) of:
  ○ 20 ml/min/1.73 m^2 to less than 45 ml/min/1.73 m^2 or
  ○ 45 ml/min/1.73 m^2 to 90 ml/min/1.73 m^2 and either:
  ▪ a urine albumin-to-creatinine ratio (uACR) of 22.6 mg/mmol or more, or
  ▪ type 2 diabetes (T2D)
	20/12/2023	*Dapagliflozin listed on formulary as GREEN drug for the same indication.*	Add to formulary as a GREEN drug in this indication, with link to TA942.	NICE estimate that:
				• Around 458,000 people in England are eligible for treatment (811 per 100,000 population)
				• Around 50,000 people (89 per 100,000 population) will receive empagliflozin from 2026/27 onwards once market share has reached 12% of people with CKD and T2D and 10% of people with CKD without T2D.
				• Empagliflozin is a further SGLT2 inhibitor treatment option for most of the population covered by the recommendation.
				• The additional drug cost per 100,000 population is around £27,000
				• The total resource impact, including the cost of uACR testing, is estimated at no cost in year 1, increasing to £5,000 per 100,000 population in year 2 and £27,000 per 100,000 population in year 5. This estimate does not include the resource impact of any differences in clinical outcomes as a result of implementation of the guidance.
					Approved by NENC ICB Executive Committee 14TH May 2024.

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DECISIONS WITHOUT 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**
TA935: Secukinumab for treating moderate to severe hidradenitis suppurativa **Commissioning: NHSE, tariff-excluded** Secukinumab is recommended as an option for treating active moderate to severe hidradenitis suppurativa (acne inversa) in adults when it has not responded well enough to conventional systemic treatment, only if: • adalimumab is not suitable, did not work or has stopped working • the company provides secukinumab according to the commercial arrangements.	6/12/2023	*RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with link to TA935. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved
TA937: Targeted-release budesonide for treating primary IgA nephropathy **Commissioning: ICS** Targeted-release budesonide is recommended as an option for treating primary immunoglobulin A nephropathy (IgAN) when there is a risk of rapid disease progression in adults with a urine protein-to-creatinine ratio of 1.5 g/g or more. Targeted-release budesonide is recommended only if: • it is an add-on to optimised standard care including the highest tolerated licensed dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs), unless these are contraindicated • the company provides it according to the commercial arrangement.	20/12/2023	*Not listed.*	Add to formulary as a RED drug in this indication, with link to TA937.	Kinpeygo® (Britannia) costs around £6,500 per pack of 120 modified-release capsules (30 day supply at full dose). The licensed dose is 16mg (4 capsules) once daily for 9 months. At the end of therapy the dose should be reduced to 8mg daily for 2 weeks then 4 mg daily for 2 weeks. There is a commercial arrangement which is confidential. Kinpeygo has a high list price but is not included in the current list of High Cost tariff-excluded drugs for 2023/24. It is included in the proposed list for 2024/25. NICE expect the resource impact of implementing the recommendations will be less than £8,800 per 100,000 population.	Approved

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TA938: Dupilumab for treating eosinophilic oesophagitis in people 12 years and over (terminated appraisal) **Commissioning: ICS** NICE is unable to make a recommendation on dupilumab (Dupixent) for treating eosinophilic oesophagitis in people 12 years and over. This is because Sanofi did not provide an evidence submission. Sanofi considers that there is currently unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.	7/12/2023	*RED drug for other NICE TA approved indications.*	Consider adding to Not Approved list in this indication.	For information.	Approved
TA939: Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer **Commissioning: NHSE** Pembrolizumab plus chemotherapy with or without bevacizumab is recommended as an option for treating persistent, recurrent or metastatic cervical cancer in adults whose tumours express PD-L1 with a combined positive score of at least 1. It is recommended only if: • pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if the cancer progresses, and • the company provides it according to the commercial arrangements.	13/12/2023	*RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with link to TA939. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved

TA940: Ravulizumab for treating generalised myasthenia gravis (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation on ravulizumab (Ultomiris) for treating generalised myasthenia gravis in adults. This is because Alexion Pharma UK withdrew its evidence submission for the appraisal. Alexion Pharma UK considers that the technology is unlikely to be a cost-effective use of NHS resources.	20/12/2023	*RED drug for other NICE TA approved indications.*	Consider adding to Not Approved list in this indication.	For information. None for ICB as NHSE commissioned.	Approved
TA941: Ravulizumab for treating AQP4 antibody-positive neuromyelitis optica spectrum disorder (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation on ravulizumab (Ultomiris) for treating AQP4 antibody-positive neuromyelitis optica spectrum disorder in adults. This is because Alexion Pharma UK withdrew its evidence submission for the appraisal. Alexion Pharma UK considers that the technology is unlikely to be a cost-effective use of NHS resources.	20/12/2023	*RED drug for other NICE TA approved indications.*	Consider adding to Not Approved list in this indication.	For information. None for ICB as NHSE commissioned.	Approved

NG238: Cardiovascular disease: risk assessment and reduction, including lipid modification **Commissioning: ICS** This guideline updates and replaces NICE guideline CG181 (July 2014). NICE reviewed the evidence and made new recommendations: • For secondary prevention of CVD, aim for low-density lipoprotein (LDL) cholesterol levels of 2.0 mmol per litre or less, or non-HDL cholesterol levels of 2.6 mmol per litre or less New recommendations around ezetimibe, including: • Consider ezetimibe in addition to the maximum tolerated intensity and dose of statin to reduce CVD risk further, even if the lipid target for secondary prevention of CVD is met The guidance was also restructured to improve navigation. Some existing recommendations have been amended to be consistent with the new recommendations or for clarification because of the restructure.	**14/12/2023**	Remove any links to CG181 and replace with links to NG238.	Awaited updated NENC NEELI guidelines.	A resource impact template is available, and requires local completion. A significant proportion of adults in England do not achieve the current QOF treatment target for lipid levels for secondary prevention of CVD and are therefore eligible for treatment escalation in line with the NICE guideline. The recommendations for a specific lipid target for secondary prevention of CVD may increase the use of lipid-lowering treatments. Increased uptake of high-intensity statins, ezetimibe and other lipid-lowering treatments would result in higher treatment costs. Potential costs would depend on the size of the eligible population, the escalation regimen used and the associated primary care capacity implications. However, any additional costs would be partly offset by savings from reduced CVD events and post-event health and social care associated costs.	No action required at this stage.
HST29: Velmanase alfa for treating alpha-mannosidosis **Commissioning: NHSE** Velmanase alfa is recommended as an option for treating the non-neurological signs and symptoms of mild to moderate alpha-mannosidosis, only if: • treatment is started in people under 18 years (it can be continued in people who turn 18 while on treatment) the company provides it according to the commercial arrangement.	13/12/2023	Not currently listed.	Add to formulary as a RED drug with link to HST29. 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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TA944: Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer **Commissioning: NHSE** Durvalumab plus gemcitabine and cisplatin is recommended, within its marketing authorisation, as an option for treating locally advanced, unresectable, or metastatic biliary tract cancer in adults. It is only recommended if the company provides durvalumab according to the commercial arrangement.	10/1/2024	*RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with link to TA944. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved
TA945: Treosulfan with fludarabine before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation on treosulfan (Trecondi) with fludarabine before allogeneic stem cell transplant for babies, children and young people aged 1 month to 17 years with non-malignant diseases. This is because Medac Pharma did not provide an evidence submission.	30/1/2024	*RED drug for other NICE TA approved indications.*	Consider adding to Not Approved list in this indication. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	For information. None for ICB as NHSE commissioned.	Approved

TA946: Olaparib with bevacizumab for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer **Commissioning: NHSE** Olaparib with bevacizumab is recommended, within its marketing authorisation, for maintenance treatment of high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose cancer: • has completely or partially responded after first-line platinum-based chemotherapy with bevacizumab • is advanced (International Federation of Gynaecology and Obstetrics [FIGO] stages 3 and 4) and is homologous recombination deficiency (HRD) positive (defined as having either a BRCA1 or BRCA2 mutation, or genomic instability).	**17/1/2024**	*RED drug for other NICE TA approved indications.*	Add to formulary as a RED drug in this indication, with link to TA946. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved
TA947: Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments **Commissioning: NHSE** Loncastuximab tesirine is recommended as an option for treating relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL) after 2 or more systemic treatments in adults, only if: • they have previously had polatuzumab vedotin, or if polatuzumab vedotin is contraindicated or not tolerated, and the company provides it according to the commercial arrangement.	31/1/2024	*Not listed.*	Add to formulary as a RED drug in this indication, with link to TA947. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved

TA948: Ivosidenib for treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments **Commissioning: NHSE** Ivosidenib is recommended, within its marketing authorisation, as an option for treating locally advanced or metastatic cholangiocarcinoma with an IDH1 R132 mutation in adults after 1 or more systemic treatments. It is only recommended if the company provides it according to the commercial arrangement.	31/1/2024	*Not listed.*	Add to formulary as a RED drug in this indication, with link to TA948. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	None for ICB as NHSE commissioned.	Approved
HST30: Sebelipase alfa for treating Wolman disease **Commissioning: NHSE** Sebelipase alfa is recommended as an option for long-term enzyme replacement therapy in Wolman disease (rapidly progressive lysosomal acid lipase deficiency [LAL-D]), only if people are 2 years or under when treatment starts. It is recommended only if the company provides sebelipase alfa according to the commercial arrangement.	10/1/2024	*Not listed.*	Add to formulary as a RED drug in this indication, with link to HST30. 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**
Free of charge (FOC) medicines schemes – National policy recommendations for local systems.  Free_of_charge_(FOC)_medicines_schemes	Agreement to adopt by Medicines Subcommittee 08/04/24	Medicines Subcommittee first considered this document in September 2023 and following consultation with trust Chief Pharmacists have identified no schemes currently in place and have agreed to adopt the policy recommendations for application to the NENC ICS.	None expected	Approved
Liposomal Bupivacaine (Exparel®) Prolonged release formulation of bupivacaine	19/03/2024	To add to the formulary as RED drug subject to trusts carrying out an audit of outcomes and presenting to their own Drug and Therapeutics Committee and then to the FWG within 1 year. Requested as alternative to local anaesthetic infusion via an indwelling brachial plexus nerve catheter for major shoulder / upper limb surgery. The evidence base for liposomal bupivacaine vs. single dose brachial plexus blocks of other local anaesthetics or infusions via a nerve catheter is not conclusive.	Cost saving - compared to the use of local anaesthetic infusion via an indwelling brachial plexus nerve catheter.	Approved
Melatonin Oral Solution 1mg/ml (Consilient Health)	19/03/2024	As first choice for new patients, unable to tolerate a solid dosage form, RAG status according to indication. Request from TEWV to switch the preferred oral melatonin solution to the Consilient Health product as it is a licensed alcohol and propylene glycol free product.	Cost impact expected to be minimal.	Approved
Progesterone Vaginal Capsules (Utrogestan®)	19/03/2024	Decision deferred for prevention of miscarriage in women with bleeding in early pregnancy and a history of miscarriage. Need to confirm if covered by tariff arrangements for high risk pregnancy.	Cost impact expected to be minimal.	Decision deferred.

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Naltrexone - alcohol dependency	19/03/2024	To remain RED on the formulary. Request to change from RED to GREEN+ to enable patients to be passed back to primary care for ongoing treatment. Previously RED on the North of Tyne, Gateshead and North Cumbria Formulary, and Sunderland and South Tyneside Formularies for this indication. In Co. Durham these treatments had a RED status due to local commissioning arrangements.	No change.	Approved
Infliximab 120mg SC (Remsima®)	19/03/2024	Remove reference to COVID and leave to individual Trusts to use should they wish. Approved by NTAG during COVID to allow patients to be treated at home.	Remsima SC is usually more expensive compared to IV in terms of drug costs, however this depends on the indication / dose of IV. Costs to be managed by Secondary Care within individual Trust ICB block contracts.	Approved
Trimovate Cream	19/03/2024	To add to the formulary as a GREEN drug. Trimovate cream has been regularly used after it was relaunched following its discontinuation. It was removed from formulary when it was discontinued but was not re-added when relaunched	No cost impact expected.	Approved
Vitamin B Co Strong – refeeding syndrome	19/03/2024	To remain RED. Request to change the current RED status to GREEN+. This is to allow community-based dietetic services to ask GPs to initiate treatment in patients (with eating disorders) at risk of refeeding syndrome. Since this request was received further discussions have occurred within CNTW and the plan is to keep prescribing in-house due to the urgent nature of the prescriptions.	No change.	Approved
Methylphenidate XL brand choice	19/03/2024	No change to be made to present. Due to the ongoing supply issues it was agreed to leave the formulary listing for methylphenidate as it is.	No change	Approved
Venlafaxine MR	19/03/2024	Remove formulary restrictions relating to modified release preparations. The MR versions of venlafaxine were restricted some years ago due to the high costs versus the plain	Cost savings.	Approved

		formulations. The costs of the MR products have reduced and are now cheaper than plain formulations.		
Ciprodex® ear drops	19/03/2024	To add to the formulary as a GREEN drug. It is the only licensed option for tympanostomies. Approved by the Sunderland and South Tyneside APC formulary meeting in December 2022, and was accidently missed off when new single NENC was created.	Not clear – likely to be minimal	Approved
NENC Guidelines: Self-Monitoring of Blood Glucose and Ketones in Diabetes	19/03/2024	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. In April 2023, new NHS England recommendations for blood glucose meters were published. The NHSE guideline contains 16 meter recommendations; it would be impractical for teams to stock all the recommended meters, therefore there remains a need for local guidance with first line recommendations in each patient category. The working group have considered the differences between the local recommendations across the 3 historical Area Prescribing Committees (APC's) – County Durham & Tees Valley (CDTV), North of Tyne, Gateshead and North Cumbria (NoTG&NC) and South Tyneside & Sunderland (STS) – and the national recommendations. Across the 3 historical APC's from the 23 blood glucose monitors, only 3 are included in the NHS England recommendations, however none of these align fully with the patient categories NHS England has recommended them for. This guidance will outline recommended first line choices from the NHS England recommendations. The national recommendations will be reviewed annually and will inform future versions of this local guidance which will continue to be produced in consultation with primary and secondary care.	Full year effect for 75% implementation to the recommended first line meter for blood glucose monitoring (type 2 diabetes only) in primary care would deliver savings in the region of £1.2m but this would obviously be phased depending on rate of implementation. Additional cost savings for the meters recommended in the other patient cohorts have not been calculated as it is anticipated that these meters will be initiated in new patients and existing patients will be switched opportunistically across secondary and primary care. As well as cost savings, the aim of the guidance was to ensure that meter recommendations across NENC are in line with NHSE commissioning recommendations. The intent of the national assessment process was to also support the delivery of the NHS Long-Term Plan for diabetes management through the following key objectives: a. Equitable access to the same products for all eligible people, no matter where they live; b. Minimum quality standards established in a fair and transparent way to better address the needs of all people living with diabetes; c. Prescribing practices aligned across primary and secondary care; and	Approved

			d. Making best use of NHS Resources, whilst ensuring that the price paid is commensurate to the quality offered.	
NENC Osteoporosis Guideline	19/03/2024	Recommend approval of this guideline across the NENC. This guideline also updates existing legacy guidance to take account of NICE TA791, first line use of romosozumab in selected patients: Romosozumab for treating severe osteoporosis (NICE TA791, May 2022). Original draft produced 2023 in response to NOGG (2021) national osteoporosis guidance. Discussed in NTAG and at guidelines group, then at Medicines board. Changes suggested to Denosumab (change to AMBER shared care in formulary) and proposed first line use of teriparatide rejected.	Moving Denosumab to AMBER shared care involves increased monitoring scrutiny for primary care services. This may require investment, similar to other monitored drugs. Legacy patients treated under GREEN+ arrangements will need to be referred back to secondary care for review and formalise shared care agreements. No other cost impact expected as drugs recommended as per previous formulary and NICE TA approval. Under the medicines subcommittee and ICB Director of Medicines and Pharmacy a working group is being convened to discuss further issues that arose during discussions at the April medicines subcommittee meeting with the aim to look at: o What constitutes shared care of medicines? o the structure and governance around medicines decision-making for shared care o What are the barriers to system-wide decisions on shared care and how can these be overcome? It is anticipated this group will meet in May and will include representatives from medicines subcommittee, primary care transformation and acute trust Medical Directors and link to work already underway to define RAG statuses of medicines and the commissioning and funding of shared care.	Approved
NENC Liver Network - Guidelines for the	19/03/2024	Recommend approval of this guideline across the NENC.	No cost impact expected as technical update to existing guideline already use across the NENC	Approved

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Management of Adults with Asymptomatic Liver Blood Test Abnormalities (technical update)		The following technical updates are presented for approval: - the nomenclature change to MASLD – will cause a lot of confusion out there in primary care so we will need to put on a lot of education regarding this - isolated raised GGT guidance - indication that patients may be triaged directly to fibroscan where appropriate. Updates have been fully consulted on across NENC Liver Network and have their approval. It has been agreed that full NTAG consultation is not required as technical update to current guidance.	approved by NTAG/NENC Medicines Subcommittee on the 17th October.	
NENC Agomelatine primary care information sheet	19/03/2024	Recommend approval of this guideline across the NENC. Update of existing guidance to support previously agreed GREEN+ status of drug in the NENC.	No cost impact expected as update of existing guidance with no significant changes.	Approved
NENC Clozapine supporting guidance for primary care	19/03/2024	Recommend approval of this guideline across the NENC. Update of existing guidance to support previously agreed RED status of drug in the NENC.	No cost impact expected as update of existing guidance with no significant changes.	Approved
NENC Patient Specific Factors to Consider When Choosing a DOAC in NVAF and Updated NHSE Operational Note on Commissioning Recommendations for DOACs for AF	19/03/2024	NTAG recommend to the Medicines Subcommittee retiring the NENC Patient Specific Factors to Consider When Choosing a DOAC in NVAF document in light of updated NHSE Operational Note on Commissioning Recommendations for DOACs for AF published on the 16th January 2024. This places edoxaban as second choice to apixaban, but ahead of rivaroxaban due to the ongoing edoxaban rebate These supersede the position issue in January 2022 National procurement for DOACs commissioning recommendations, which recommended providers to use edoxaban first line for NVAF. This repositioning of edoxaban is in recognition that even if a rebate model continues, it will be significantly more expensive than apixaban for many years ahead.	No cost impact expected. The NHS Drug Tariff for January 2024 identifies the apixaban price to be approximately 10% of that of edoxaban, rivaroxaban and the original brand of apixaban. The current NENC formulary lists all the DOACs with no preference specified as it always done. Important to note that not proposing that patients currently on a DOAC for NVAF are switched to a different DOAC unless there are good clinical reasons to do so.	Approved

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		To remove link to Patient Specific Factors to Consider When Choosing a DOAC in NVAF from formulary and replace with link to latest NHSE operational note. Most of the clinical info in the NTG document is in the RDTC DOAC comparison table document available on the RDTC website anyway.		
Freestyle Libre 3	19/03/2024	Recommend FSL3 to be added to the NENC formulary as a RED drug to manage the risks around possible prescribing/dispensing errors with FSL2 in primary care now that FSL3 is in the Drug Tariff. This is because FSL3 will not be initiated by primary care but only by secondary care diabetes teams. The RED formulary status would mean in the NENC that FSL3 could only be prescribed/supply by secondary diabetes teams which fits with how other comparative products like Dexcom G6 are supplied. Fits also with how hybrid closed loops and insulin pumps are supplied currently too. Supply via secondary could still be via current supply chain/portal route but does also allow FP10HP route for secondary care if they wish. Suggest the use of FSL3 use at present should be limited to patients with a compatible insulin pump system and should be prescribed by a specialist diabetes team. NTAG not to update their current recommendation on CGM as this only covers Dexcom ONE and FSL2 i.e. those CGM that primary care may be asked to prescribe.	Nil expected. FSL3 Drug tariff price is £42 per sensor (FSL2 is £35 per sensor). FSL3 will remain available via existing supply chain/portal route but costs bit more via vs Drug tariff at £43 per sensor. Plus these non-drug tariff routes may attract VAT.	Approved

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

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MEDICINES SUBCOMMITTEE MINUTES (for publication to the NTAG website)	
Medicines Subcommittee minutes February 2024	