

Minutes of meeting held on 19th March 2024, 9am-10.15am

Virtual online meeting via Microsoft Teams

Present:

Position	Lead	Voting Member	Nov 2023	Jan 2024	Mar 2024
Chair	<i>Dr Chris Jewitt Prescribing and LTC Clinical Lead (North)</i>	Yes	✓	✓	✓
Secretary	<i>Gavin Mankin, Principal Pharmacist – Medicines Management, Regional Drug & Therapeutics Centre (Newcastle)</i>	No	✓	✓	✓
Provider hospital trusts representative (2 x consultant, 2 x pharmacy plus Mental Health)	Mental Health Trust Chief Pharmacist <i>Chris Williams Chief Pharmacist Tees Esk & Wear Valleys NHS Foundation Trust</i>	Yes	✓	✓	✓
	Mental Health Trust Consultant <i>TBC</i>	Yes			
	Consultant <i>Dr Andrew Lloyd Consultant Anaesthetist and Chair of South Tees Hospital NHS Foundation Trust D&T</i>	Yes	✓	✓	✓
	Consultant <i>Dr Simon Hill Consultant in Clinical Pharmacology & Therapeutics and Clinical Toxicologist, NuTH</i>	Yes	✓	✓	✓
	Trust Chief Pharmacist <i>Jamie Harris Chief Pharmacist County Durham & Darlington NHS Foundation Trust</i>	Yes	✓	✓	✓
	Pharmacist <i>Al Green Formulary Pharmacist Northumbria Healthcare Foundation Trust</i>	Yes	✓	✓	✓
Primary Care (2 x GP, 2 x MO Pharmacist)	GP <i>Dr Fadi Khalil ICB Clinical Lead with prescribing (Sunderland place)</i>	Yes	✓	✓	X
	MO Pharmacist <i>Kate Huddart Head of Pharmacy and Medicines (Central)</i>	Yes	✓	✓	✓
	MO Pharmacist <i>Angela Dixon Head of Pharmacy and Medicines (Tees Valley)</i>	Yes	✓	✓	Helen O'Neil
Paediatric representative	<i>Dr Yincen Tse Consultant Paediatric Nephrologist, Great</i>	Yes	Apols	Apols	Resigned

	<i>North Children's Hospital</i>				
Finance representative	<i>Charles Welbourn Finance Director (North Cumbria)</i>	Yes	✓ (until 11am)	✓ (until 11am)	Apols
Patient representative	<i>Jim Welch</i>	Yes	Apols	Apols	✓
Public Health	<i>Dr Toks Sangowawa Clinical Advisor/Locum Consultant in Public Health, South Tyneside MBC Clinical Advisor IFR North</i>	Yes	✓	✓	✓
Local Authority Pharmacist (1 representing all stakeholder local authorities)	<i>Jo Linton Public Health Pharmacy Adviser Stockton and Hartlepool</i>	Yes	✓	✓ (from 9.54am)	✓
AHSN	<i>Helen Seymour NENC AHSN Medicines Optimisation Workstream Lead</i>	Yes	✓	✓	Apols
LPC (1 representing all stakeholder LPCs)	<i>Rob Pitt</i>	Yes		✓	X
LMC (1 representing all stakeholder LPCs)	<i>Rachel McMahon</i>	Yes	✓	✓	Paul Evans (from 10.07am)
Chair of Formulary Working Group	<i>Shafie Kamaruddin Consultant County Durham & Darlington NHS Foundation Trust</i>	Yes	✓	Apols	✓
Professional Secretary of Formulary Working Group	<i>Matthew Lowery Formulary Pharmacist, NuTH</i>	Yes	✓	✓	✓
Chair of Guidelines and Pathways Group	<i>Matthew Grove Consultant Rheumatologist, Northumbria Healthcare Foundation Trust</i>	Yes	✓	✓	✓
Professional Secretary Guidelines and Pathways Group	<i>Susan Turner Pharmacist, NECS</i>	Yes	✓	✓	Apols

The meeting was quorate.

Members were welcomed to the meeting.

Part 1 – General business

1) Apologies for absence

Apologies were received from: Rachel McMahon, Charles Welbourn, Angela Dixon, Helen Seymour, Susan Turner

2) Declarations of interest

No declarations were received prior to the meeting on receipt of the agenda, and when the Chair invited any declarations of interest the following were declared:

- Matthew Grove – denosumab RAG review as prescriber of the drug plus author of draft NENC osteoporosis guidelines so secluded himself from decision making on this item.
- Helen O’Neil – supported development of SMBG guidance so secluded herself from decision making on this item.
- Shafie Kamaruddin – supported development of SMBG guidance and diabetes consultant so interest in FSL3 item. Reclused himself from decision making on both these items

3) Draft minutes January 2024 meeting

The group approved the minutes of the 16th January 2024 NTAG meeting.

ACTION: Secretary to submit January 2024 minutes to NENC Medicines Subcommittee.

4) Matters arising not on the agenda

Nil.

5) Action log

RDTc monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – Oct + Nov 2024 + other formulary amendments

Sent to February 2024 Medicines subcommittee and all approved. Decision summary now published on NTAG website. ITEM NOW CLOSED.

TA924 Tirzepatide for treating type 2 diabetes

Sent to February 2024 Medicines subcommittee and all approved. Decision summary now published on NTAG website. ITEM NOW CLOSED.

Awaiting updated NENC Type 2 diabetes guideline from Diabetes Network to support agreed formulary status.

TA919 - Rimegepant for treating migraine (acute)

ML/RDTc to liaise with neurology re an updated NENC Regional Adult Headache guideline to include Rimegepant for acute migraine.

Denosumab

Draft NENC shared care guideline for denosumab based on guideline/pathway from North Cumbria is in progress, and will shortly be going out for consultation on the NTAG website.

KH has picked up denosumab and LES funding issue with ICB.

NENC Position Statement on Branded Generics

Sent to February 2024 Medicines subcommittee and all approved. Now published on NTAG website. ITEM NOW CLOSED.

Finerenone for treating chronic kidney disease in people with type 2 diabetes

Sent to February 2024 Medicines subcommittee and all approved. Now published on NTAG website. ITEM NOW CLOSED.

NENC Riluzole SCG

Sent to February 2024 Medicines subcommittee and all approved. Now published on NTAG website. ITEM NOW CLOSED.

KH has picked up inclusion of riluzole in GP LES as part of ongoing work in the NENC to review current LES around shared care drugs.

NENC Amiodarone SCG – technical update

Sent to February 2024 Medicines subcommittee and all approved. Now published on NTAG website.
ITEM NOW CLOSED.

NENC Dronedarone SCG – technical update

Sent to February 2024 Medicines subcommittee and all approved. Now published on NTAG website.
ITEM NOW CLOSED.

Updated NENC share care templates

Sent to February 2024 Medicines subcommittee and all approved. Now published on NTAG website.
ITEM NOW CLOSED.

NENC Penicillin allergy assessment in primary care (for adult patients)

Sent to February 2024 Medicines subcommittee and all approved. Now published on NTAG website.
KH contacted NHSE to confirm arrangements for indemnity but no response as yet.

Non-medicine related clinical guidelines

Neil O'Brien setting up a subgroup to site below ICB Quality Committee. Further details to follow.

6) Appeals against previous NTAG decisions

Nil received since last meeting.

Part 2 – Formulary and RAG

7) RDTC monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – December 2023 + January 2024

The RDTC Monthly Formulary Amendments – NICE TA/MHRA Drug Safety Updates – December 2023 + January 2024 were presented to NTAG to make a recommendation to the NENC Medicines Subcommittee on the formulary status and approval of medicines contained within these documents.

NICE TAs published in December 2023

- Been out for 4 week consultation via NTAG website.
- The comments received are attached. Had responses from:
 - South Tyneside & Sunderland Trust
 - Northumbria Trust
 - STHFT
 - TEWV
 - CDDFT
 - Sunderland GP Alliance/Sunderland Clinical Reference Group
- No respond from:
 - North Tees Trust
 - North Cumbria Trust
 - CNTW
 - QE Gateshead
 - NuTH
- All those who responded agreed with the suggested RAG status in the RDTC Monthly Formulary Amendments December 2023 document with exception of:
 - NICE TA942 Empagliflozin for treating chronic kidney disease – proposed as GREEN but one comment that may be more appropriate for GREEN+.
To note renal network produced an SGLT2i patient information leaflet which highlights that use in post-transplant patients is not recommended.
Dapagliflozin previously classified as GREEN drug for same indication.

Classed as GREEN drug on Leeds, North Yorkshire, Pan Mersey, and GMMMG. NTAG discussed the consultation comments received and agreed that the GREEN status recommendation was appropriate. This was because:

- Dapagliflozin already on the formulary as GREEN drug for the same indication.
- SGLT2i been available for a while and prescribers familiar with their use. There is also a NENC top tips document which includes CKD to support prescribers.
- No sustainable in long term for secondary care for SGLT2i to be classed as GREEN+.
- GREEN+ status in heart failure is because heart failure largely a nurse-led service but it is probably more appropriate to review this with view to changing to GREEN in future rather than classing SGLT2i for CKD as GREEN+
- Noted Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes, as recommended in NICE TA943 is being picked by separate working group within ICB and does not fall within NTAG remit.

NICE TAs published in January 2024

- Been out for 4 week consultation via NTAG website.
- The comments received are attached. Had responses from:
 - QE Gateshead
 - Tees Valley
 - Northumbria Trust
 - STHFT
 - TEWV
- No respond from:
 - North Tees Trust
 - North Cumbria Trust
 - CNTW
 - South Tyneside & Sunderland Trust
 - NuTH
 - CDDFT
- All those who responded agreed with the suggested RAG status in the RDTM Monthly Formulary Amendments January 2024 document.

NTAG agreed with the suggested formulary status for each drug with a NICE TA published in December 2023 and January 2024 as the per the “Suggested action for APC” column in the attached Monthly Formulary Amendments Documents from the RDTM

ACTION:

- **Secretary to send recommendations to the April 2024 meeting of the NENC Medicines Subcommittee for final sign off.**

8) Other formulary amendments – January 2024 Formulary Working Group

- Been out for 4 week consultation via NTAG website:
- The comments received are attached. Had responses from:
 - Northumbria Trust
 - Tees Valley ICB
 - TEWV
 - QE Gateshead
 - CDDFT
 - North Yorkshire
- No respond from:
 - North Tees Trust
 - NuTH
 - STHFT
 - South Tyneside and Sunderland Trust
 - North Cumbria Trust

- All those who responded agreed with the suggested RAG status with the exception of North Yorkshire whose patients attend South Tees Trust:
 - Progesterone Vaginal Capsules (Utrogestan®)/ Cyclogest pessaries for Prevention of miscarriage in women with bleeding in early pregnancy and a history of miscarriage. This has recently been considered by the North Yorkshire and York APC and the decision was for it to be classified as RED on the grounds that it is a defined course and the patient would be regularly followed up by secondary care during the course of the pregnancy. It was felt that it would not be appropriate to have it added to the repeat prescribing system within primary care. NTAG agreed to defer a decision on formulary RAG status to confirm tariff funding arrangements for drugs in high risk pregnancies.

NTAG agreed with the suggested formulary status for each drug as the per NENC January 2024 Formulary Working Group - Miscellaneous Formulary amendments with the following exceptions:

- **Progesterone Vaginal Capsules (Utrogestan®)/ Cyclogest pessaries for Prevention of miscarriage in women with bleeding in early pregnancy and a history of miscarriage - defer a decision on formulary RAG status to confirm tariff funding arrangements for drugs in high risk pregnancies.**

NTAG also noted that Dextrose tablets for hypoglycaemia have recently been added to the formulary as missed off previously and included in local guidelines for management of hypoglycaemia.

ACTION:

- **Secretary to send recommendations to the April 2024 meeting of the NENC Medicines Subcommittee for final sign off.**

9) NHSE Specialised Commissioning Circulars

A list of NHSE Specialised Commissioning Circulars published since January 2024 was circulated for information. The formulary will reflect the NHSE Specialised Commissioning Circulars.

Part 3 – Pathways and clinical guidelines

10) NENC Guidelines: Self-Monitoring of Blood Glucose and Ketones in Diabetes

A NENC Guideline: Self-Monitoring of Blood Glucose and Ketones in Diabetes was presented to NTAG.

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.

We 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. It has been out for 4 week's consultation via NTAG website, and all comments received have been reviewed by the group of clinicians that produced this guideline with no changes required. The guideline was supported by the NENC Medicines Guidelines Group in March 2024. NTAG noted that this guidance should result in some cost savings for the ICB. 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.

NTAG agreed to recommend to the NENC Medicines Subcommittee approval of the NENC Guidelines: Self-Monitoring of Blood Glucose and Ketones in Diabetes Position Statement on Branded Generics.

ACTION: Secretary to send recommendation to the April 2024 meeting of the NENC Medicines Subcommittee for final sign off.

11) NENC Osteoporosis Guideline

A new NENC Osteoporosis guideline as presented to NTAG.

It has been out for 4 week's consultation via NTAG website, and all comments received have been reviewed by the group of clinicians that produced this guideline with no changes required. The guideline was supported by the NENC Medicines Guidelines Group in March 2024.

It was noted that only cost impact expected if the move denosumab to shared care. No other cost impact expected as drugs recommended as per previous formulary and NICE TA approval.

NTAG agreed to recommend to the NENC Medicines Subcommittee approval of the NENC Osteoporosis guideline.

ACTION: Secretary to send recommendation to the April 2024 meeting of the NENC Medicines Subcommittee for final sign off.

12) NENC Liver Network - Guidelines for the Management of Adults with Asymptomatic Liver Blood Test Abnormalities (technical update)

The NENC Liver Network - Guidelines for the Management of Adults with Asymptomatic Liver Blood Test Abnormalities were approved by NTAG/NENC Medicines Subcommittee on the 17th October 2023.

The following technical updates are now presented for approval:

- the nomenclature change to MASLD
- isolated raised GGT guidance
- indication that patients may be triaged directly to fibroscan where appropriate.

The 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 this is technical update.

The updated guideline was supported by the NENC Medicines Guidelines Group in March 2024.

NTAG noted that in future that non-medicines related guidance such as they will go via the ICB non-medicines clinical guideline approval route but here today as this only approval route available for any guidelines currently and previously as a NoTGNC APC piece of guidance.

NTAG agreed to recommend to the NENC Medicines Subcommittee approval of the updated NENC Liver Network - Guidelines for the Management of Adults with Asymptomatic Liver Blood Test Abnormalities subject to additional line around management if isolated ALT beign added.

ACTION: Secretary to send recommendation to the April 2024 meeting of the NENC Medicines Subcommittee for final sign off.

13) NENC Agomelatine primary care information sheet

A new NENC Agomelatine primary care information sheet was presented to NTAG. It is update of previous version that exists currently in parts of the NENC and is now being adopted across the of whole of the NENC.

It has been out for 4 week's consultation via NTAG website, and all comments received have been reviewed by the group of clinicians that produced this guideline with no changes required. The guideline was supported by the NENC Medicines Guidelines Group in March 2024.

NTAG agreed to recommend to the NENC Medicines Subcommittee approval of the NENC Agomelatine primary care information sheet.

ACTION: Secretary to send recommendation to the April 2024 meeting of the NENC Medicines Subcommittee for final sign off.

14) NENC Clozapine supporting guidance for primary care

A new NENC Clozapine supporting guidance for primary care was presented to NTAG. It is update of previous version that exists currently in parts of the NENC and is now being adopted across the of whole of the NENC.

It has been out for 4 week's consultation via NTAG website, and all comments received have been reviewed by the group of clinicians that produced this guideline with no changes required. The guideline was supported by the NENC Medicines Guidelines Group in March 2024.

NTAG agreed to recommend to the NENC Medicines Subcommittee approval of the NENC Clozapine supporting guidance for primary care subject to formatting to the document being tidied up.

ACTION: Secretary to send recommendation to the April 2024 meeting of the NENC Medicines Subcommittee for final sign off.

Part 4 – Shared care

15) Nil this month.

Part 5 - Updates from Subgroups

16) NENC Formulary Working Group

Verbal update given.

17) NENC Medicines Guidelines Group

The minutes of the March 2024 meeting of the new NENC Medicines Guidelines Group were circulated for information.

Part 6 – Workplan and horizon scanning

18) RDTC monthly horizon scanning January and February 2024

NTAG received the RDTC monthly horizon scanning report for January and February 2024 for information.

- Fezolinetant - indicated for the treatment of moderate to severe vasomotor symptoms (VMS) associated with menopause – NICE TA date tbc
- Levomepromazine 6.25mg tablets – new formulation which may be of interest to palliative care. Await formulary application.

19) Work plan

The group discussed the work plan and nothing new added.

Part 7 - Other

20) NENC Patient Specific Factors to Consider When Choosing a DOAC in NVAF and Updated NHSE Operational Note on Commissioning Recommendations for DOACs for AF

On the 16th January 2023 NHS England published an updated NHS England » Operational note: Commissioning recommendations for national procurement for direct-acting oral anticoagulant(s) (DOACs). This places edoxaban as second choice to apixaban, but ahead of rivaroxaban due to the ongoing edoxaban rebate This supersedes 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. 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.

In light of apixaban now being the first line DOAC for NVAF (unless there is good clinical reason to choose another anticoagulant) NTAG discussed retiring the NENC Patient Specific Factors to Consider When Choosing a DOAC in NVAF document, and this is supported Medicines Guidelines Group. Most of the clinical info is in the RDTC DOAC comparison tables document available on the RDTC website anyway so is duplication of effort. Plus other decision aid tools are available nationally for example from the Primary Care Cardiovascular Society.

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.

NTAG agreed to 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.

NTAG also agreed to recommending removing the link to the NENC Patient Specific Factors to Consider When Choosing a DOAC in NVAF from the formulary and replacing with link to latest NHSE operational note.

ACTION:

- **Secretary to send recommendation to the April 2024 meeting of the NENC Medicines Subcommittee for final sign off.**

21) Freestyle Libre 3

Freestyle Libre 3 (FSL3) a device for continuous glucose monitoring was added to the Drug Tariff in January 2024 so is now prescribable on prescription.

NTAG discussed and agreed to recommend that FSL3 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. 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 noted that a communication from the ICB/Diabetes Network iss being prepared to go out to primary care with eligibility for CGM and will add to this that FSL3 is not to be prescribed in primary care.

NTAG also agreed that current NTAG CGM recommendation does not need reviewing to incorporate because the statement is aimed at primary care and is clear on its prescribing advice for those CGMs that can be prescribed currently in primary care.

ACTION:

- **Secretary to send recommendation to the April 2024 meeting of the NENC Medicines Subcommittee for final sign off.**

22) NENC DNP List and Low Priority Prescribing MO opportunities

NTAG to received and reviewed the RDTC report on Low Priority Prescribe and discussed issues that needed escalating to the NENC Medicines Subcommittee to consider. NTAG agreed that the key escalation points suggested to be discussed at the NENC Medicines Subcommittee were reasonable. NTAG suggested that suggested that before this goes to Med Subcommittee that liaise with Kate Huddart and Chartnel Clark to include some of the detail of what has been done already and some of the reasons why there is variation that the MO teams working on this have come across

NTAG also discussed and agreed to support the development of NENC Do Not Prescribe list, and that this work should be picked up through the formulary working group before going out to consultation.

Points raised in discussions:

- NHSE guidance may be entitled items not to be routinely prescribed in primary care but equally applies to secondary care who should consider this guidance before initiating some of these items.
- Patient education and suite of tools to support this needed. Perceived that because an item is prescribed it is better than something that can be bought over the counter.
- Concerns re patients bouncing back in secondary care for reviews due to some of work being doing by MO teams on this.

ACTION:

- **Secretary to ask Formulary Working Group to take forward the development of a NENC DNP list.**

23) iPORT audit data

NTAG received and discussed an audit report of iPORT device use in type 2 diabetes against current NTAG recommendation which was due in March 2024 following the updated NENC VBC policy on use of the iPORT device in March 2023.

In summary data from number of requests to VBC checker appears to show that current NTAG recommendation on the iPORT device is being followed in terms of expected patient numbers but had not predicted the number of requests from primary care rather than secondary care particularly for type 2 diabetes. Two GP practices in NENC appear to account for majority of requests from primary care in NENC and both in Sunderland subICB. The same two GP practices account for the majority of all use in patients with Type 2 diabetes in the NENC. It is unclear from the VBC data why this is was agreed that this warranted further investigation by the Medicines Optimisation Team in Sunderland.

ACTION:

- **KH to ask MO team in Sunderland to investigate background to prescribing by the two GP practices in Sunderland.**
- **Secretary to share iPORT audit report with VBC group once prescribing within Sunderland GP practices has been investigated.**

NTAG chair's action since last NTAG meeting

22) Nil this month.

AOB

No other business was raised, and the meeting concluded.

The date of the next meeting was agreed as 21st May 2024 and will be held virtually via Microsoft Teams.

Minutes produced by G Mankin, Professional Secretary to NTAG, 19th March 2024